

United States Department of the Interior
U.S. Fish & Wildlife
Arthur R. Marshall Loxahatchee NWR

Fee Waiver Request

School Name:

Address:

Phone #: _____ Fax# _____

Name of Teacher visiting

Refuge _____

Date(s) of Proposed Visit: **Choice#1** _____, **Choice#2**
_____, **Choice#3** _____

Grade(s) of Students: _____

Number of Students in Group: _____

(Maximum of 20 students per Ranger program time slot)

****This form must be signed by the teacher who will be present for the proposed visit in order to waive the general visitation entrance fee. After this form is returned and approved, confirmation of reservation will be sent to the name and address listed above.**

Provide signature below:

I, _____, hereby acknowledge that I have read and understand the guidelines concerning educational programs held at Loxahatchee NWR. I am aware of all safety concerns and responsibilities regarding our visit. In addition to this request, I have provided a letter on official school letter head stating the educational objectives of our visit to the Refuge.

--Please arrive 15 minutes before reserved time for check-in at Visitor Center.
Allow one hour for program/tour. Thank you for your time and efforts. We
look forward to your visit.

For Administrative Use Only

Date Sent: _____ Status of Request: APPROVED/ DENIED